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IMPACT OF DRUG USE ON SAFETY AND SECURITY

WORLD DRUG REPORT 2026

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Comments on the report are welcome and can be sent to:

Research and Trend Analysis Branch
United Nations Office on Drugs and Crime
PO Box 500
1400 Vienna
Austria
E-mail: unodc-research@un.org

Website: www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2026.html

UNITED NATIONS OFFICE ON DRUGS AND CRIME
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WORLD DRUG REPORT 2026

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New York, 2026

PREFACE

I am pleased to introduce the 2026 edition of the UNODC *World Drug Report*. As the most comprehensive and authoritative assessment of the world drug problem, the report provides the international community with a vital source of evidence on drug production, trafficking and consumption trends, and their impacts on health, security and communities.

At a time of growing global uncertainty, reliable evidence is more important than ever. Drug markets are becoming increasingly complex, adapting rapidly to technological change, geopolitical instability and shifting consumer demand. Understanding these dynamics is critical if we are to respond effectively and protect the health, safety and well-being of people worldwide.

This year's report shows that drug use and its associated harms have continued to rise. In 2024, an estimated 331 million people used drugs – 34 per cent more than a decade ago. While this reflects population growth and the greater availability of data, it also points to a higher prevalence of drug use. And as drug use increases, more people are exposed to health and social risks.

Yet as healthcare needs continue to grow, access to treatment remains unequal. In many parts of the world, services are scarce or unavailable, leaving millions, especially women and vulnerable groups, without access to recovery and support, often due to stigma and discrimination. The consequences are lethal. Nearly half a million people died from drug use in 2023 – 29 per cent more than a decade ago. These deaths are a reminder that the world drug problem remains, at its nucleus, a human challenge that affects lives, families and communities.

At the same time, the risks associated with drug use are intensifying as illicit drug markets become more diverse and adaptable.

One of the most significant developments highlighted in this report is the continued expansion of the synthetic drugs market. In 2024, 755 new psychoactive substances, most of them synthetic, were reported globally – the highest number ever recorded in a single year. This trend reflects the growing ease with which synthetic substances can be manufactured at the same time as they are becoming harder to detect and interdict.

Amphetamine-type stimulant markets also continue to expand, spreading into new regions and reaching new consumer groups. While North America and East and South-East Asia remain the largest methamphetamine markets, developments elsewhere illustrate the adaptability of synthetic drug markets. For example, in the Middle East, disruptions to trafficking in "captagon" were followed by an expansion of methamphetamine trafficking, demonstrating how criminal groups rapidly adjust to changing circumstances.

Plant-based drug markets remain highly dynamic. Cocaine production has reached unprecedented levels, increasing more than fourfold over the past decade as cultivation expands and production rises to meet demand. Traffickers continue to diversify routes and methods, exploiting smaller ports, new transit corridors and sophisticated technologies to move their product across borders.

Meanwhile, opium cultivation in Afghanistan has remained at historically low levels. While this has significantly altered dynamics of the global supply of heroin, there is a risk that synthetic alternatives are substituting heroin from Afghanistan in consumer markets.

In addition to a review of market developments, this year's report examines the broader impact of drug use on societies. A dedicated chapter explores the relationship between drugs, safety and security, analysing how drug use can both contribute to and be shaped by violence, crime and instability.

Young people, in particular, are often more exposed to high-risk patterns of drug-use and drug-related violence. Understanding these vulnerabilities is essential for designing effective prevention and intervention strategies.

Furthermore, the report draws attention to persistent global inequities. Access to essential pain relief, in particular in medium- and low-income countries, remains limited, in large part due to regulatory barriers, weak distribution systems and policy gaps.

The findings of this year's *World Drug Report* point to a world drug problem that is evolving in scale, complexity and impact across all regions, along with the growing convergence of threats and harms associated with the illicit drug trade. To be effective, responses must be grounded in evidence, centred on people and tailored to local contexts. I hope that this edition of the *World Drug Report* will serve as a useful resource for countries to better understand and respond to the drug challenges that they face, through comprehensive and balanced responses. Only by combining public health, justice and security approaches can we reduce harm, save lives and build safer, healthier and more resilient societies.

Monica Juma, Executive Director
United Nations Office on Drugs and Crime

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Content overview
Chloé Carpentier

Research, analysis and drafting
Kamran Niaz
Bryce Pardo

Graphic design and production
Kristina Kuttnig
Maria Moser

Editing
Jonathan Gibbons

Research and data support
Hania Khattab
Maria Neves

Administrative and coordination support
Andrada-Maria Filip
Iulia Lazar
Francesca Massanello
Luka Žagar

Fieldwork for the thematic chapter
Marie Claire Van Hout

Bangkok, Thailand:
Apinun Aramrattana, Nida Buawangpong, Wichuda Jiraporncharoen, Kriengkrai Peungchuer

Cape Town, South Africa:
Nadine Harker, Charles Parry

Dakar, Senegal:
Zelia Briggs, Emilie Dael Causse, Amory Lumumba, François Patuel, Cecilia Rossa

Delhi, India:
Atul Ambekar, Sanjeev Bhoi, Nishtha Chawla

Nairobi, Kenya:
Reychad Abdool

São Paulo, Brazil:
Thiago Marques Fidalgo, Anna Paula Soares da Silva Marmirolli, Fábio Augusto do Prado Marmirolli

Contributions, review and comments

The *World Drug Report 2026* benefited from the expertise of and invaluable contributions from UNODC colleagues in all divisions.

The Research and Trend Analysis Branch acknowledges the invaluable contributions and advice provided by the *World Drug Report* Scientific Advisory Committee:

Jonathan Caulkins
Marya Hynes
Vicknasingam B. Kasinather
Jane Mounteney
Charles Parry
Afarin Rahimi-Movaghar
Peter Reuter
Alison Ritter

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EXPLANATORY NOTES

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Since there is some scientific and legal ambiguity about the distinctions between "drug use", "drug misuse" and "drug abuse", the neutral term "drug use" is used in the *World Drug Report*. The term "misuse" is used only to denote the non-medical use of pharmaceutical drugs.

All uses of the word "drug" and the term "drug use" in the *World Drug Report* refer mainly to substances controlled under the international drug control conventions, and their non-medical use. "Drug use" may also refer to the non-medical use of pharmaceutical drugs and of new psychoactive substances that are not under international control.

The term "seizures" is used in the *World Drug Report* to refer to quantities of drugs seized, unless otherwise specified.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to UNODC through the annual report questionnaire, unless indicated otherwise. Sex-disaggregated analysis has been included wherever possible.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2024 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

References to dollars ($) are to United States dollars, unless otherwise stated.

References to tons are to metric tons, unless otherwise stated.

The following abbreviations have been used in the present booklet:

CCTV	closed-circuit television
GBL	*gamma*-butyrolactone
GHB	*gamma*-hydroxybutyric acid
HIV	human immunodeficiency virus
NGO	non-governmental organization
NPS	new psychoactive substances
THC	tetrahydrocannabinol
UNODC	United Nation Office on Drugs and Crime
WHO	World Health Organization

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IMPACT OF DRUG USE ON SAFETY AND SECURITY

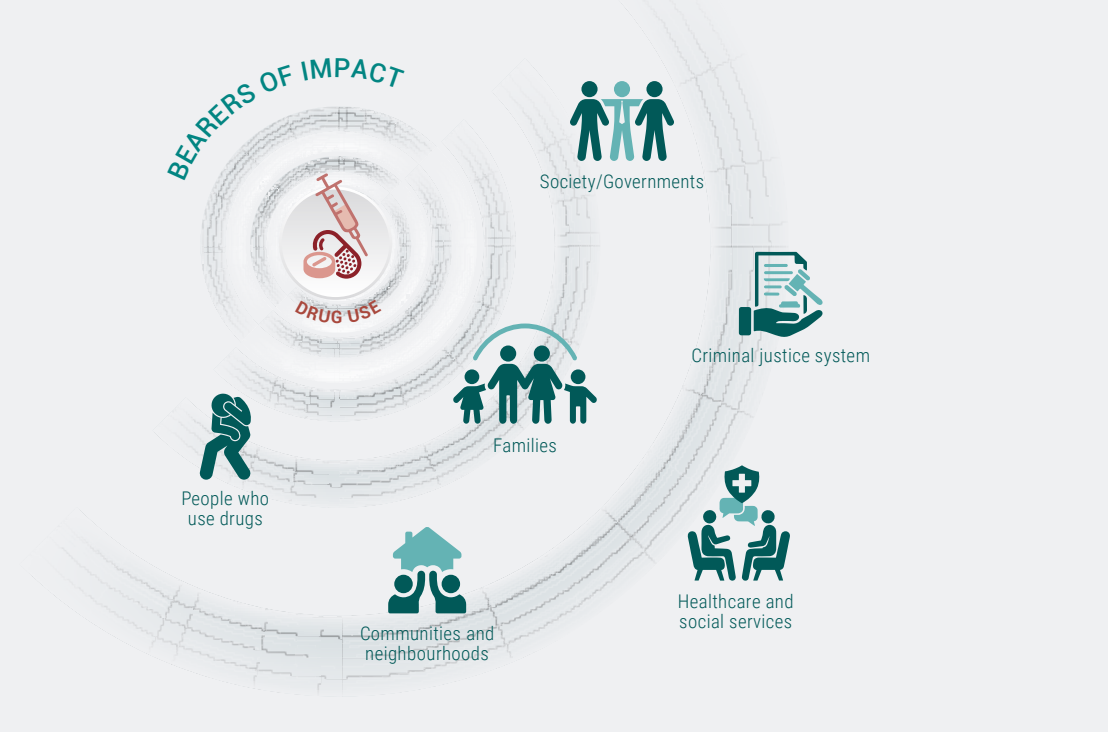
Introduction

Consumption of any psychoactive substance is inherently risky and can negatively affect the security, safety and health of individuals and those around them.[1,2,3] The interplay between the use of psychoactive substances and safety and security outcomes is complex, multifaceted and nuanced, moderated by internal and external factors, and there are variations according to the types of drugs involved, the psychological state of mind of the individual who uses them, the degree of use (e.g. the dose and frequency), the time and place of use, and broader sociocultural and policy environments.[4]

This chapter examines the effects on safety and security arising from drug use. The impacts of drug use are not limited to the individual who uses drugs but extend to their family, community and the wider society. While such impacts can be broad, the focus here is on the proximal relationship between drug use and security and safety. Distal outcomes are also important but are harder to quantify, and their causal relationships are much more complex. For this reason, distal outcomes are not addressed in this chapter.

DRUG USE

All uses of the word "drug" and the term "drug use" in this chapter refer to the non-medical use of psychoactive substances controlled under the international drug control conventions, and the non-medical use of pharmaceutical drugs. The term "substances" is used to denote the inclusion of alcohol in addition to drugs. The term "impact of drug use" also encompasses the impact of the acquisition of drugs to sustain an individual's drug use.



A MIXED-METHOD APPROACH

This chapter contains a review of the scientific literature, examines arrestee data, and analyses qualitative information from 86 interviews with key informants, comprising people with lived experiences, service providers and law enforcement personnel from six cities, to present a picture of some of the immediate impacts of drug use on individual and public safety and security.

Reports from different sources (i.e. homicide indices, prisoner and arrestee surveys, national crime reports and Member State contributions) have been used to provide an assessment of the relationship between drugs and alcohol and public security outcomes. These vary by year, by population (i.e. victims, suspects, arrestees and prisoners) and by method (e.g. official vital statistics versus self-reporting in arrestee surveys). Member State contributions based on treatment samples or victim reporting suggest that particular drugs are overrepresented in treatment populations that have engaged in or been subject to violence. These treatment-based data often identify cannabis, heroin and methamphetamine among the drugs cited by such populations alongside violent involvement, but the proportions of these drugs and the contexts differ by data source. As definitions, sampling frames and time periods differ, the chapter summarizes what each source reports about substances and offence types and notes recurring themes rather than directly comparing prevalence levels across countries.

Six cities in South America, East, West and Southern Africa and in South and South-East Asia – São Paulo, Brazil; Nairobi, Kenya; Dakar, Senegal; Cape Town, South Africa; Delhi, India; and Bangkok, Thailand – were selected to provide more detailed information about drug markets from a variety of geographic cases. Key informants were chosen based on their experience and knowledge of the drug phenomenon in their respective neighbourhoods and communities. The interviews with key informants were held between October and mid-December 2025. The opinions of the key informants, which are expressed through quotes, may not necessarily represent the drug use-, safety- and security-related issues in their entire city or country.

A tripartite conceptual framework

Taking Goldstein's tripartite conceptual framework as the starting point,[5] this chapter illustrates the complex relationship between drug use and how it affects the safety and security of individuals, families, communities and the wider society. In this framework, the impact on individual and public safety and security from drug use is found in three intersecting, overlapping and multidimensional mechanisms or pathways (i.e. psychopharmacological, economic-compulsive and systemic).[6] These are briefly explained in figure 1.

This tripartite conceptual framework has been used widely since it was first published in 1985.[7,8,9,10] However, most applications of the model have focused on violence in drug markets in the United States of America, where it was first conceived and tested.[11] Moreover, the framework overlooks or oversimplifies the interactions between the individual and the social context and the environment in which they live and operate.

It is also important to highlight that the pathways described in the tripartite conceptual framework sometimes overlap and can be hard to disentangle. For example, a person may be engaging in transactional sex in order to obtain money to buy drugs, but may also need to use drugs to facilitate such acts. In this instance, both psychopharmacological and economic-compulsive pathways are thus involved.

The threats to safety and security associated with drug use generally take on different forms at varied ecological levels and include a wide variety of outcomes, such as property and violent crime, violence, victimization and intimidation perpetrated by or against individuals who use drugs and are under their influence, and the impact on other parties of open drug scenes and driving accidents.[12] In turn, these outcomes are influenced by environmental and historical factors that may modify the related outcomes.

The interplay between the use of psychoactive drugs and safety and security impacts is also moderated by individual factors that vary according to the type of drugs involved, the psychological state of mind of the person using the drugs, and the pattern of drug use (e.g. the dose

FIG. 1 Goldstein's tripartite pathways related to safety and security stemming from use of drugs

- Driving under the influence of drugs or alcohol resulting in accidents
- Drug-induced paranoia escalating a conflict
- Severe withdrawal contributing to agitation and disorientation while caring for others

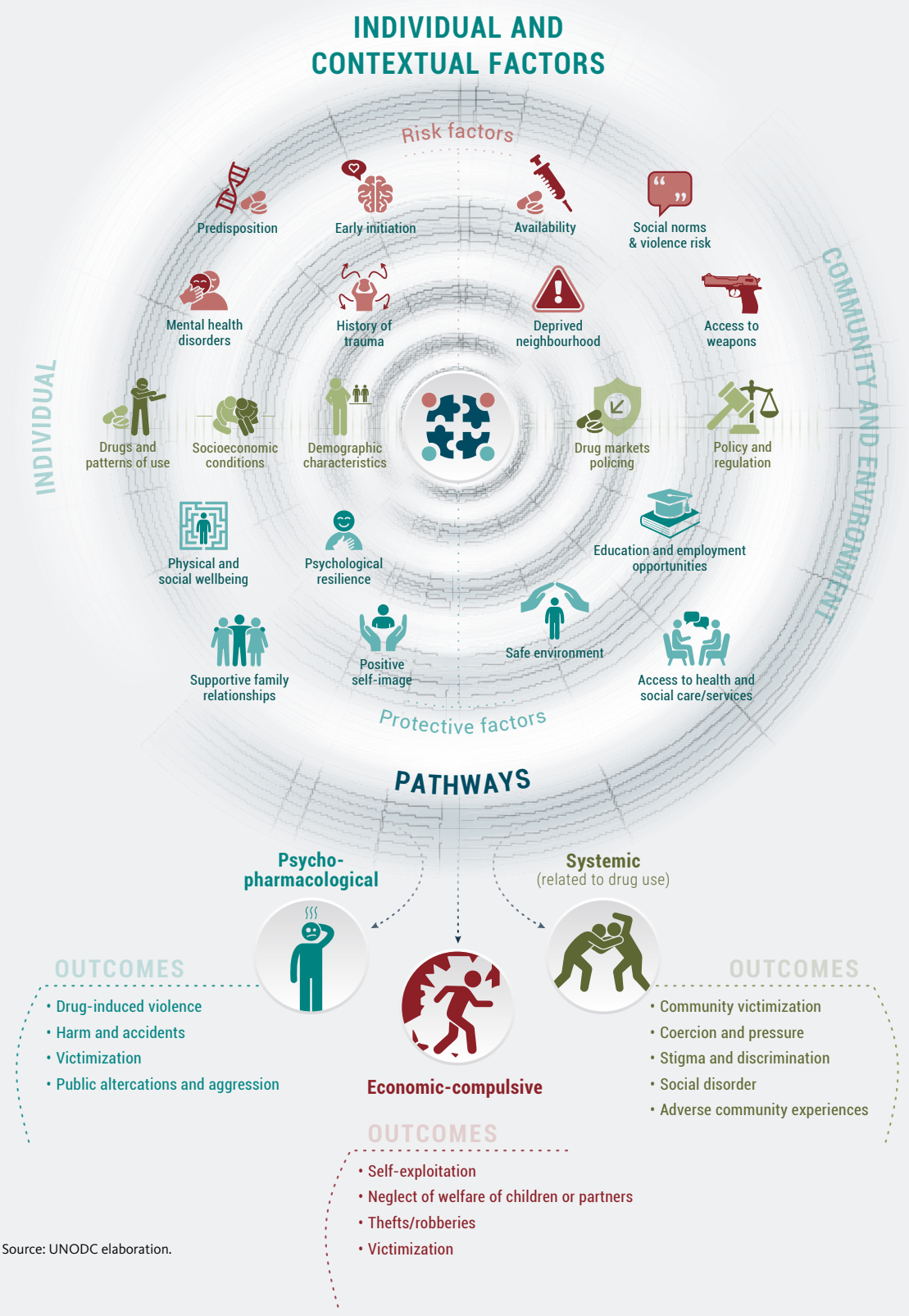
- Shoplifting or stealing small items to resell for drugs
- Prescription forgery to obtain medications for non-medical use
- Low-level distribution primarily to subsidize one's own consumption

- Conflicts between individuals in drug marketplaces over debts or drug quality
- Intimidation or violence within peer networks to enforce repayment of small consumption-related loans
- Disorder in open drug scenes creating spillover harms (public injecting, discarded syringes and community fear)

Source: UNODC elaboration.

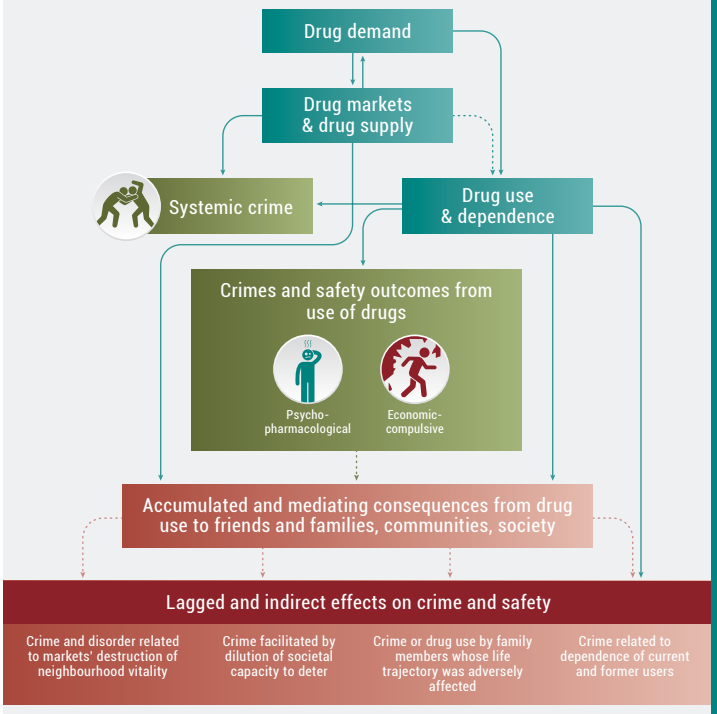
[a] *The systemic pathway, as described by Goldstein, includes violence and threats to safety and security stemming from the illegal production, trafficking and distribution of drugs. The harms generated by the illegal supply of drugs vary substantially by time and place, making it harder to directly attribute the use of drugs to crimes and violence committed by criminal actors further up in the supply chain. Therefore, the focus here is on the proximal outcomes stemming from the demand for and use of drugs.*

FIG. 2 **Individual and contextual factors mediating the impact of drug use on safety and security along three pathways**



Source: UNODC elaboration.

FIG. 3 Mechanism of drug demand and safety and security outcomes



Note: Solid lines indicate a direct relationship; dashed lines indicate an indirect relationship.

Source: UNODC adaptation from Jonathan P. Caulkins and Mark A. R. Kleiman, *How Much Crime Is Drug-Related? History, Limitations, and Potential Improvements of Estimation Methods*, no. 246404 (National Institute of Justice U.S. Department of Justice, 2015.

DRUG DEPENDENCE AND COMPULSIVE DRUG TAKING

Many people try drugs at some point, but only a minority become dependent on them. Dependence appears to involve changes in brain circuits over time and, therefore, the behaviour of individuals. Associative learning causes drug-related cues to gain enhanced incentive value which, in turn, drives increasingly compulsive drug-seeking behaviour. The International Classification of Diseases (eleventh revision) of WHO, a diagnostic tool, describes drug dependence as an impaired ability to control drug use, continued drug use despite harm, and strong urges or craving. Physical features such as tolerance (needing increasing amounts of the drug to achieve the same effect) and withdrawal symptoms may also be present. In essence, most of the diagnostic criteria for dependence reflect a failure or loss of top-down cognitive control, or compulsive drug-seeking behaviour that persists despite detrimental consequences to the individual.

References:

John R. Geddes, *New Oxford Textbook of Psychiatry*, 3rd ed., with Nancy C. Andreasen and Guy Goodwin, Oxford Textbook Ser. (Oxford University Press, Incorporated, 2020).

Nady el-Guebaly et al., eds., *Textbook of Addiction Treatment: International Perspectives*, 2nd ed. (Springer International Publishing, 2021).

World Health Organization, ed., *Neuroscience of Psychoactive Substance Use and Dependence* (World Health Organization, 2004).

and frequency). These factors then interact with external factors such as the time and place of use, and broader sociocultural contexts.[13,14,15,16]

The association between the demand for drugs and security and safety can go beyond the immediate (proximal) and most apparent outcomes. A variety of distal outcomes stemming from drug use can also negatively affect families, communities and societies, which in turn beget further negative consequences for individuals, communities and society. Beyond that, the discussion on the most obvious impacts on security could be expanded to include financial or economic threats and harms from drug-seeking behaviours. Distal outcomes could include the erosion of trust in governance structures and the rule of law due to corruption financed by the proceeds of drug sales or physical harm to the environment caused by illegal drug production and drug dealing. A wide range of safety and security outcomes associated with the systemic pathway that relate to illegal production and trafficking of drugs have been documented. However, they are often distal outcomes which are mediated by a wide range of economic, social, historic, political and geographic factors. Many distal outcomes are harder to quantify than proximal outcomes, and their causal relationships are much more complex and interdependent and are mediated by a variety of factors that can vary by time and place.

Table 1 contains an outline of several examples of risks, threats and outcomes to safety and security across the three pathways – psychopharmacological, economic-compulsive and systemic – of the impact of drug use, alongside various levels of analysis, through the lens of an ecological framework. It bears repeating that many of these outcomes are dependent on individual and contextual modifiers that can aggravate or attenuate those outcomes.

TABLE 1 **Tripartite drug use-related threats to individual and public safety and security within an ecological framework**

Risks, threats and outcomes due to drug use (with examples to illustrate each element)					
Impact pathway	**Micro-level**	**Meso-level**		**Macro-level**	**Individual and contextual modifiers**
	Individual	Family/intimates	Community	Society	
Psychopharmacological impact	Accidents, self-harm or overdose Drug-induced violence; victimization from impairment	Accidentally harming family members or partners while under the influence Intimate partner violence	Harming others due to accidents, fire or drug-induced or public altercations Street violence, injuries	Overall population-level burden from accidents and liability Burden on policing, healthcare and the justice system	Gender, gender-power dynamics, socioeconomic status, type of drug used, drug/alcohol availability, drug prices, changing potency or adulterants in drugs Socioeconomic disparities, unemployment, weak social safety nets or social cohesion, cultural and social norms, social acceptance or aversion to use of violence, media influences, stigma, quality of infrastructure, existing levels of neighbourhood disruption, existence and robustness of street-drug markets Unregulated access to firearms, degree of social support, availability and quality of safety and of health and social services; regulation/enforcement regimes
Economic-compulsive impact	Unsafe and transactional sex for drugs or money for drugs Victimization during transactional sex, exchange of drugs Victimization during thefts or robberies, arrest or incarceration Accidents generated during commission of acquisitive crime	Neglect of the welfare of children or partners as money is diverted to obtain drugs Theft from family, domestic abuse, financial exploitation, adverse childhood experiences	Community disruption from petty acquisitive crime activity Public insecurity or fear, and disorder due to increase in acquisitive crimes	Burden on health and social services (e.g. through child neglect, infectious diseases) Criminal justice costs, intergenerational cycles of violence and abuse; lower productivity, absenteeism and poor social and economic outcomes	
Systemic impact originating within the broader environment due to drug use	Unsafe drug consumption practices, overdose cases, mortality rates Victimization in the community by others, including drug dealers, but also by other people who use drugs and by law enforcement authorities	Family stress and adverse childhood experiences Coercion, stigma or domestic exploitation Adverse community experiences	Exposure to hazards in public spaces (e.g. discarded syringes, unsafe consumption sites) Violence and community-police conflict, adverse community exposure	Strain on health, housing, social welfare systems, economic well-being Criminalization of drug use, systemic marginalization, violence Propping up illegal markets that contribute to violence and corruption	

Source: UNODC elaboration.

How individual and contextual modifiers shape safety and security outcomes of drug use

Safety and security outcomes are dependent on and mediated by a variety of individual, social and cultural modifiers. A single substance use episode can be associated with vastly different outcomes. These outcomes can depend on the person using drugs, the drugs used, the location of use and the degree to which safeguards were in place to prevent possible adverse outcomes. Although drug use does not inevitably affect individual and public safety, the likelihood of such outcomes increases in certain circumstances.

Age and gender differences

Adolescents and young people are more likely than other demographic groups to engage in high-risk behaviours, including the use of psychoactive substances, and to engage in drug-related violence and crime.[17,18] These behaviours often arise from traits such as impulsivity, aggression, antisocial tendencies and delinquency. They are reinforced by poverty, social exclusion, exposure to violence and limited educational and economic opportunities that encourage some youth to become involved in drug-using social networks and interact with drug-market environments, violence and crime.[19,20,21,22,23] In general, however, individuals often age out of criminal behaviour and problematic drug taking.[24, 25, 26]

Men are more likely than women to be involved in drug-related violence or acquisitive crimes, whereas women who use drugs often experience violence in intimate or exploitative contexts, including coercion into drug use, sexual exploitation or trafficking.[27] Women are also more likely to experience intimate partner violence while they or their partner are under the influence of drugs or alcohol.[28] Some research has also shown women to be perpetrators of aggression and violence, driven by their own experiences of violence and prior victimization.[29]

Environmental and structural factors

Safety and security outcomes related to the use of substances are shaped by environmental and structural factors. These factors include socioeconomic status, social cohesion and access to services such as education, healthcare, social support, access to justice and employment opportunities, among others. Financially better-resourced individuals, for example, are often able to acquire or use drugs without risk or exposure to violence or arrest. Similarly, those with social capital have access to a range of services and can find ways to mitigate harm to themselves and those around them.[30] This perception was conveyed by key informants who considered that people with resources did not suffer the same safety or security outcomes as those from disadvantaged backgrounds.[31] The compulsive need to obtain drugs was reported to often lead to crimes being committed, especially in an environment in which unemployment and poverty may exacerbate those outcomes, in particular among socially disadvantaged young people, women and marginalized groups.[32]

Social determinants and structural inequality are associated with poor safety and security outcomes related to substance use. Social determinants include poverty, homelessness and poor mental health, whereas structural factors include, among other things, a lack of employment opportunities, stigma and discrimination, limited availability of and access to health and social services. Safety and security risks are further heightened in certain contexts, such as in the presence of gangs and with regard to the availability of weapons in the community, where people who use drugs face additional dangers such as exposure to violence and trauma.[33,34]

Addressing structural factors

> *…there were measures to provide housing alternatives for this population. So, this mayor took several hotels, or small motels, and turned them into places for homeless people, so they would have somewhere to live, and they were given a daily meal and the possibility of work. They had small jobs, but there were possibilities to get out of that situation of inertia and total exclusion. …we observed that some of these homeless people, just because they were in a hotel and had their daily meal and the possibility of work, gave up drugs without the need for medical or psychological intervention.*
>
> (Psychiatrist, São Paulo)

Alternatively, State or social responses that are health-centred and offer a range of health and social services to people who use drugs, including shelters for those experiencing homelessness or in vulnerable situations, can improve safety and security in the broader community.[35] For example, studies have demonstrated a reduction in violence and crime among people who engage in drug treatment such as opioid agonist treatment, among other interventions.[36,37,38] This was echoed by a key informant from São Paulo, who considered that many interventions or strategies to address drug use and safety and security concerns overlooked *"poverty, homelessness, migration, weak family support, and the chronic difficulty of accessing and maintaining health and social care"*, whereas "*health and social interventions that aim to engage people who use*

drugs, reduce harms and reintegrate them into broader social environments are more promising for improving safety and security".[39]

The salience of contextual factors and social determinants

> *…the dispersion [from open spaces] makes it harder to provide low-threshold services, to monitor health events like overdoses, while users themselves may consume in more unsanitary, rushed conditions to avoid detection. The use of private spaces to use also makes female users more vulnerable to sexual violence.*
>
> (Service provider, Dakar)

> *We need to address drug use and not the behaviour of that person who is intoxicated by the drug. I think we have to understand the issue that favours use and the context in which that use occurs, and that is more a health issue than a police issue.*
>
> (Psychiatrist, São Paulo)

Use of different substances

The association between substance use and its impact on safety and security is also mediated by the type of drugs used.[40] A sample of arrestees in Australia in 2021 showed, for example, that 50 per cent of those who used methamphetamine reported that the drug had contributed to their arrest, either through its use or acquisition. The share was similar in the case of heroin (45 per cent), but much smaller in the case of cannabis (14 per cent). Meanwhile, almost 30 per cent of arrestees attributed the use of alcohol to their offence at the time of their arrest.[41] In many cases, threats to safety and security were associated with the co-consumption of drugs and alcohol, rather than drug intake alone.[42,43]

In other examples, crime data on convicted offenders in Canada showed that between 2006 and 2016, the use of different drugs was attributed to 26 per cent of violent crimes and 25 per cent of non-violent crimes, while 20 per cent of violent crimes and 7 per cent of non-violent crimes were attributable to alcohol consumption.[44] In England and Wales, during the period April 2023 to March 2024, nearly half of all homicides involved a person who was using drugs, a person who was dealing drugs or a person who was in some way involved with drugs. Of all homicides committed during that period, 18 per cent were linked to systemic drug-related factors, 13 per cent were linked to psychopharmacological factors, and 7 per cent were linked to economic-compulsive factors.[45]

In the United States, between 2015 and 2019, the prevalence of violent behaviour among young adults was reported as 1.1 per cent.[46] However, the prevalence of violent behaviour among young male adults with daily cannabis use (with or without a cannabis use disorder) and among young female adults who used cannabis (regardless of their daily cannabis use or cannabis use disorder status) was much higher than among those who did not use cannabis or young male adults who were not daily users.[47,48] In Czechia, in 2024, about 10 per cent of all crimes were committed by someone under the influence of drugs or alcohol.[49] Similarly, data on people in treatment for substance use disorders in Egypt in 2024 showed that 16 per cent were victims of, or engaged in, violence.[50]

In one study of judicially supervised youth in Colombia (aged 14–22), 86 per cent reported the lifetime use of alcohol, and 71 per cent reported the lifetime use of a drug.[51] That compares with 48 per cent and 9.5 per cent for alcohol and drugs, respectively, for student populations outside of judicial supervision. Excessive alcohol consumption was a noted risk factor in the judicially supervised youth population. About 10 per cent of the surveyed sample had committed their most recent offence out of an economic-compulsive need to obtain drugs. Respondents also reported being under the influence of drugs and alcohol during the commission of the most recent offence; in the case of cannabis, the share was 19 per cent, followed by 8.4 per cent for alcohol, and 7.8 per cent for cocaine. In addition, 60 per cent of the respondents said that they would not have committed an offence if they had not been under the influence of either cannabis or cocaine.

Psychiatric comorbidities and violence

There is also a stronger association with the risk of perpetrating violence among people with drug use disorders than among people who use drugs but who are not suffering from drug use disorders, or among the general population.[52] Importantly, psychiatric comorbidities often coexist with substance use disorders and may exacerbate the outcomes of violent anti-social behaviour.[53] Such psychiatric comorbidities may include depression, anxiety and trauma-related conditions such as post-traumatic stress disorder and trauma as a result of adverse childhood experiences. Moreover, there is often an overlap between polysubstance use and polyvictimization, where the use of multiple substances and their collective or synergistic effects can be associated with sequences of adverse safety and security outcomes.[54]

Bearers of threats to safety and security related to drug use

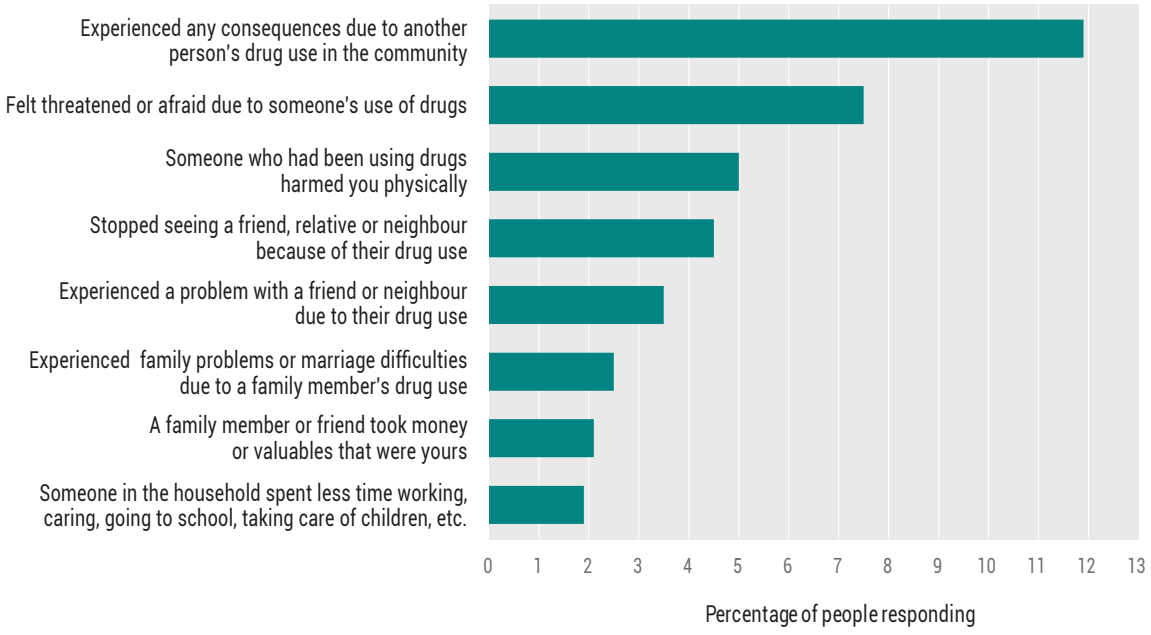
Detrimental safety and security outcomes not only affect people who use drugs or their immediate families. The negative effects are often felt in the broader neighbourhood, the wider community and beyond, which can in turn generate additional negative feedback mechanisms for individuals who use drugs. In Nigeria, in 2018, for example, among the general population who had never used drugs, nearly 1 in 8 people reported experiencing consequences because a person in their family, neighbourhood or community had been using drugs.[55] Among the main consequences experienced were feeling threatened or afraid because of someone's use of drugs, being harmed physically by someone using drugs, or having money or valuables taken by a family member or friend to pay for drugs without their consent or willingness.[56]

Compulsive drug-taking behaviour can also generate significant financial insecurity for other members of one's household or community. The loss of legitimate income, whether directly related to the cost of drug use or indirectly, for example through the incarceration of an economic provider, can in turn heighten financial and physical insecurity, creating a vicious cycle. As families face reduced resources, they may become more socially and economically vulnerable.[57] This was echoed by key informants, including a social worker in Cape Town, South Africa, who stated, *"families experience economic hardship due to theft or the diversion of household items or resources – money that could be used for food spent on drugs"*.[58]

How people in the family are affected

> *"Women experience a lot more or are often more victims to the violence issue…the elderly definitely get taken advantage of quite a bit as well because they're vulnerable…a lot of things happen with children as well. They get neglected, their needs are not taken care of. We have a lot of cases where children are removed because of child neglect, because of substance use, people just not taking care of children that are in their care."*
>
> (Social services manager, Cape Town)

FIG. 4 **Social and safety concerns resulting from drug use among the general population, Nigeria, 2018**



Source: UNODC and Government of Nigeria, *Drug Use in Nigeria 2018* (Vienna, 2019).

SUMMARY OF INTERVIEWS WITH KEY INFORMANTS IN BANGKOK: impact on the family unit and on community organization

According to interviews, the impact of drug problems in communities in Bangkok reveals a complex interconnected picture, ranging from psychopharmacological effects that damage both body and mind, fuelling cycles of crime and economic burdens, to systemic impacts. In such circumstances it was perceived by many informants that local police actions and social stigma exacerbated the situation, in particular affecting vulnerable groups such as women and youth.

Most people who used drugs in Bangkok were financially dependent on their families; for example, they asked for money from their mothers or grandmothers, which led to a worsening family financial situation. The cost of drugs could be as high as 2,000–3,000 baht per day (approximately $65–$97), forcing spouses to work in entertainment venues to earn money to support their partner's addiction. Drug dependence was seen as causing people to neglect their family duties, with examples including the abandonment of children to their grandmother's care so that the parent(s) could go out and use drugs with friends. Drug use was also seen as leading to a loss of job opportunities and the potential for a stable income.

Children and youth were referred to as a group in the community who were affected both directly and indirectly, whether through their abandonment by drug-dependent parents, which led to them being disadvantaged, or through their growing up in risky environments, which increased their chances of becoming drug users, thus creating a cycle of drug use disorders that extended across generations. Furthermore, youth were considered to be at risk of being used as tools in drug trafficking, as dealers exploit legal provisions and sometimes employ minors in the trade.

Community elders also emphasized that neighbourhoods had developed their own mechanisms for maintaining safety and security, drawing on the authority of elders and long-standing traditions of mutual care. Community leaders established committees to report on events in the community and monitor drug use. They also worked to improve local security by promoting community vigilance and installing CCTV cameras and mechanisms for referring people who used drugs in the community to treatment services. Another key theme that emerged was the need for the Government to shift away from approaches rooted in criminalization and stigma and to provide supportive measures that enabled communities to address challenges related to drug use.

Source: Based on 20 interviews in two areas of Bangkok, including people with lived experience, family members, treatment providers, law enforcement officials, NGO staff, academics and community members.

Furthermore, most incidents of drug-related violence or drug overdose cases generate additional psychological stress for families and the wider community. For example, the witnessing by a child of drug-induced violence between parents or their experiencing physical abuse or financial neglect stemming from either parent's drug use can lead to trauma and adverse childhood experiences that contribute to intergenerational patterns of substance use and violence.[59,60,61] The impacts on safety and security can therefore be far-reaching, extending beyond the individual, and can lead to maladaptive coping mechanisms by family members for dealing with trauma, the fear of criminal activity and the reduced use of public areas.[62]

Generational impact on the family

> *[The] family impact is long-term, generation to generation. Father and son used drugs. Son assaulted the parents. Parents called [the authorities]. Officers went to process the case in the morning. In the afternoon, the father bailed him out. Once bailed out, came back home. Came back and did what? Rampaged and hit the father again.*
>
> (Law enforcement official, Bangkok)

Concerns over such impacts on the family were also expressed by key informants who stated that children in families with drug use are often exposed to violence, physical and emotional trauma and neglect when growing up in risky environments, which leads to a disadvantaged childhood and, in later life, to an intergenerational cycle of drug use disorders and other harms.[63] Moreover, people with drug use disorders, in particular those in vulnerable situations, such as women and homeless people, are often disproportionately affected by violence, either as victims or perpetrators.[64]

Elements of the impact of the economic-compulsive pathway on vulnerable population groups

> *There were a lot of trans[gender] women prostituting themselves in exchange for drugs, and that was very common. And people with some kind of disability, mainly motor disabilities, that was another very frequent and characteristic thing...sometimes we saw them without any kind of wheelchair because they had exchanged it for drugs. I think they were also more vulnerable within the context of the users themselves.*
>
> (Psychiatrist, São Paulo,)

Psychopharmacological pathway

Psychopharmacological outcomes refer to the relationship between the effects of the drug consumed, intoxication and withdrawal, and behaviours that threaten the safety and security of people who use drugs and those around them.

The psychopharmacological pathway emphasizes how drugs affect the brain function and cognition, and a person's mood and perceptions. For example, intoxication can distort an individual's sense of reality, heighten agitation and impair judgment and decision-making. The association between drug use and drug use disorders with violence and violent crimes is, however, best understood as probabilistic rather than deterministic, meaning that many intoxicated people do not display violent behaviour; the likelihood of such behaviour as a result of drug use varies according to drugs and contexts.[65]

The outcomes of violence perpetrated under the influence of drugs also vary significantly between individuals. Such outcomes may be further exacerbated by co-occurring mental health disorders, as well as gender, ethnicity and socioeconomic disadvantage.[66,67,68] Some of the behavioural patterns observed among people who use drugs begin developing in early childhood (e.g. adverse childhood experiences and conduct disorders) and evolve throughout adulthood. Nevertheless, behavioural changes among people under the influence of drugs may increase either the likelihood of violent behaviour or a person's vulnerability to becoming a victim of crime and violence, or both.[69,70]

Interpersonal violence and victimization

Substance use is generally recognized as a risk factor for being a victim or perpetrator of violence. Interpersonal violence as a result of drug use may include physical acts of abuse (observed through physical altercations between people), neglect, sexual abuse and emotional abuse, and generally centres on an individual.[71,72]

Describing interpersonal violence

> *"There's a lot of connection to violence…even attempted suicide. I helped place a 10-year-old in care last year because he was abusing his parents. He was vandalizing and assaulting them. He was violent."*
>
> (Community leader, Cape Town)

SUMMARY OF INTERVIEWS WITH KEY INFORMANTS IN CAPE TOWN: causations of "tik" and "nyaope" and psychopharmacological violence

The psychopharmacological pathway is illustrated in Cape Town, where the direct effects of drugs, especially methamphetamine (known as "tik"), heroin, cannabis and alcohol, were seen as being strongly associated with aggression; violence, including interpersonal violence; trauma; and road traffic fatalities. The psychoactive effects of heroin, especially when combined with other substances (often as part of the "nyaope" cocktail), were reported to lead to impaired judgment, increased risk-taking, and a greater propensity for involvement in risky or violent situations. Post-mortem toxicological investigations into victims of violent death also indicated a high prevalence of drugs among such cases.

Drug dependence was also considered to drive individuals, especially youth and those who use heroin or methamphetamine, into cycles of crime (e.g. theft, robbery and transactional sex) to fund their drug use. Families and communities also experienced economic hardship due to theft and diversion of resources, while public spaces became unsafe. The high cost of drugs relative to income perpetuated cycles of crime and vulnerability in the community. Gangs also played a central role in the distribution and control of drugs in Cape Town.

Several cross-cutting themes were also evident from the interviews in Cape Town: polysubstance use and polyvictimization increased risks of unpredictable behaviour and violence. Trauma, stigma and intergenerational cycles of harm were prevalent, highlighting the need for holistic interventions which address socioeconomic drivers, such as unemployment and a lack of opportunities, that fuel both drug use and related harms.

Source: Based on 14 interviews with people with lived experiences, family members, service providers, law enforcement officials and community leaders.

A systematic review of the scientific literature showed that drugs were detected in more than one third of any violence-related or assault injuries and in 7 to 49 per cent of firearm injuries among patients presented to hospital.[73] The unpredictability and spontaneity of drug consumption-related aggression and violence both for the victim and perpetrator are also likely to occur in public settings

where both parties are under the influence.[74] Another systematic review concluded that people with drug use disorders related to stimulants, opioids, sedatives and cannabis were between 4 and 10 times more likely to perpetrate violence than people in the general population or those not diagnosed with a drug use disorder.[75] Moreover, the likelihood of violence was reported to be higher among those with polydrug use disorders. However, as mentioned earlier, comorbidity with mental health disorders and socioeconomic disadvantage has been shown to exacerbate this association between drug use and violence.[76]

Stimulants, such as cocaine, "crack" cocaine and amphetamines, typically feature more than other types of drugs in cases of violence, mediated by dopamine, which can induce aggression and violent acts due to impaired judgment, heightened paranoia and impulsivity.[77] This was echoed by a number of key informants in several cities.[78]

In recent years, methamphetamine use has been associated with cases of trauma and violence, including among victims of homicide in many countries.[79,80] A longitudinal study showed that there was a dose-related increase in violent behaviour when a person was using methamphetamine, compared with when they were not using the drug. However, the likelihood of violent behaviour increased in the presence of psychotic symptoms.[81] Key informants in Bangkok, for instance, also cited different incidents in which people using methamphetamine and experiencing hallucinations exhibited violent behaviour – one was found wielding a knife near a child development centre, another was found harming himself, and one was found setting their house on fire.[82]

Opioids, including heroin and pharmaceutical opioids, are typically associated with sedation rather than aggression. However, aggression can occur during withdrawal from opioids.[83,84] This was echoed by key informants in Bangkok and Nairobi, who stated that withdrawal from opioids led to intense irritability, desperate behaviour in order to obtain money, and displays of violent aggression towards family members and even people in the community.[85] Moreover, the scientific literature has also shown the dose-dependent association between the daily or near-daily use of high-potency cannabis and an increased risk of psychosis, violence and violent behaviour, including intimate partner violence, especially among young people.[86,87,88,89]

Alcohol consumption, in a dose-response relationship, is also strongly associated both with the perpetration of violence and with victimization, often with dyadic patterns (both the perpetrator and victim are affected by alcohol). However, on its own, alcohol is not always a sufficient predictor of violent or aggressive behaviour.[90,91] In some parts of Europe, for example, the co-use of drugs and alcohol appears to be strongly associated with increased levels of violence, in particular homicide. In Finland, Netherlands (Kingdom of the) and Sweden, data from the 2010s suggest that nearly half of all homicides[92] involved individuals under the influence of drugs and alcohol and featured firearms twice as often as non-drug-related homicides, with psychopharmacological homicides being most prevalent in Finland and Sweden.[93]

Drug-related intimidation and victimization

In the context of the current analysis, psychopharmacological intimidation can refer to intimidation carried out by people who use drugs against others – whether they are fellow users, family members, friends or community members – as a consequence of intoxication or withdrawal.[94]

Family violence under the influence of drugs or during drug withdrawal

> *"Most cases involve violence within the family, including violence directed upwards, from children towards parents. …under the influence of drugs, or when they are experiencing withdrawal."*
>
> (Health official, Dakar)

The causal mechanisms underpinning drug-related victimization differ from those associated with drug-related offending. Intoxicated individuals also face an elevated risk of becoming the target of violence due to impaired perception and a reduced capacity to react or defend themselves. Violence may also occur when their drug-using behaviours are perceived by others as annoying, disruptive or aggressive.[95,96,97,98] Moreover, people who use drugs are particularly vulnerable to victimization because acute intoxication or long-term impairment may limit their ability to avoid environments in which violence and the use of weapons are normalized.[99] For example, one key informant with lived experience in Nairobi mentioned that on multiple occasions when using drugs she feared for her own personal safety.[100]

One element of drug-related intimidation refers to drug-debt intimidation. This may result from the debts accrued when people who use drugs obtain them on credit, or when their level of substance use outpaces their ability to pay for them. Both people who use drugs and their family members can face victimization or even violence in such cases.[101] Drug-related intimidation can be explicit or implicit, involving actual, threatened or perceived threats of violence to a person or the damage of a

property. Such intimidation often leaves the targeted individual, their families and communities feeling helpless, isolated, demoralized and fearful.[102]

Victimization in the community

> *I have been severely beaten by gang members and by the community mobs. I have also been severely beaten by the police on several occasions during street raids, and on one occasion, they broke my leg.*
>
> (Woman with lived experience, Nairobi)

Adolescents and young people, people with diverse gender identities and those engaging in transactional sex who use or deal drugs are often at a greater risk of victimization. One example is seen in the context of "county lines" in the United Kingdom of Great Britain and Northern Ireland, where organized crime groups and gangs are reported to move drugs across towns and cities and, through coercion, recruit vulnerable people, including children, for low-level criminal activities, who often experience violence and exploitation by the gang members.[103,104,105] People who use drugs, especially those who are in vulnerable situations, also experience victimization and trauma through repeated incidents and in multiple forms – also referred to as polyvictimization.[106]

Gender-based and intimate partner violence

Intimate partner violence is reported to be common among men and women who use drugs or who live with people who use drugs. However, a greater proportion of women than men are the victims of repeated violence and victimization.[107] Intimate partner violence may comprise aggression, sexual coercion, sexual violence, psychological abuse, financial abuse and controlling behaviours. Such violence contributes to long-lasting physical and mental health consequences, and often to poor drug treatment outcomes.[108,109,110]

Explaining gender-based violence

> *Being a woman is already a vulnerability in our context, socio-economically. So, they can also be victims of exploitation…pushed into prostitution to support someone's drug use. Women can also be victims of violence at the hands of a partner or husband. We have cases of women who come in completely disfigured because of violence.*
>
> (Health official, Dakar)

Moreover, women and people from gender-diverse groups who use drugs face disproportionately higher levels of overlapping forms of gender-based violence. Such gender-based violence can range from intimate partner violence to sexual exploitation and community violence, and even represents a risk factor for femicide.

Such concerns about the vulnerability of women, people with diverse gender identities and intimate partner and gender-based violence were voiced by key informants across numerous cities.[111] Key informants also recounted incidents of women, or men who have sex with men, who use drugs being forced to have sexual relations with police in order to avoid being charged for drug-related offences, as well as experiencing sexual violence.[112]

As a key informant from São Paulo, stated, *"prostitution emerges as a key axis of vulnerability, especially among women and transgender people who exchange sex for money or drugs, often under intoxication and in conditions where clients deliberately exploit their desperation and impaired judgment"*.[113] As the scientific literature also suggests, gender-based violence is driven by structural inequalities, is strongly associated with social determinants of health and often acts as a barrier to accessing low-threshold and drug treatment services.[114,115,116,117,118,119,120]

Intimate partner violence can also lead to patterns of increased harmful drug and alcohol use in women.[121] There is evidence that drug use disorders and psychiatric comorbidities are common among women who have been previously exposed to intimate partner violence. Common psychiatric comorbidities reported among women who experience violence include post-traumatic stress disorder, anxiety and depression.[122,123]

Examples of gender-based violence

> *The dealer would hand her over to other boys who were there just for fun, so that she would have sex with other boys to get her dose.*
>
> (Representative of a sex workers' association, Dakar)

> *…female drug users are forced to have sexual relations with police officers in exchange for not being prosecuted, constitute coercion and exploitation [by] police officers.*
>
> (Community leader, Bangkok)

> *Women are exposed and the odds of them experiencing sexual violence because of substance use or either by virtue of trading sex for drugs, exposes them to harm.*
>
> (Female NGO service provider, Cape Town)

Drugs can also be used as a tactic of coercive control within gender power dynamics. In such situations, a partner may use a woman's substance use as a means of exerting controlling behaviour over her and socially isolating her. The partner may control the woman's finances in order to maintain or increase their financial dependency or reduce their social independence. This may include limiting their partner's access to low-threshold services, drug treatment services or other health and social services. Coercive situations of this nature may then result in a cyclical pattern comprising substance use as a coping mechanism, further harm and victimization.[124,125,126,127,128,129]

Drug-facilitated sexual assault, which is conducted in nightlife settings and in private dwellings, further compounds risks to individual safety and security. Most instances of drug-facilitated sexual assault involve polysubstance use.[130,131] Alcohol, cannabis, cocaine, benzodiazepines, amphetamines and *gamma*-hydroxybutyric acid (GHB) are the most common substances reported in sexual assault cases.

While most victims of drug-facilitated sexual assault are women, men are also reported to fall victim to sexual assault.[132] The non-consensual administration of drugs such as GHB/GBL to men and women who are subsequently violated is frequently perpetrated by people whose age, status or financial privilege affords them power over their victims.[133,134,135]

Violence during sexualized drug use

> *So, my specific experience relates to 'chemsex' – it is mainly the use of crystal meth[amphetamine] among men who have sex with men…the risk is then in the type of sex that people have where there's no condoms, there's a lot of fluid exchange…you could pass out, people could rape you.*
>
> (Person with lived experience, Cape Town)

Driving under the influence of alcohol and drugs

Driving under the influence of alcohol or drugs is a leading cause of death and disability worldwide, especially among young people, as it increases the risk of accidents and fatality.[136]

Alcohol has historically been the focus of substance-related impaired driving, but studies also point to the presence of multiple drugs, other than alcohol, in the system of drivers involved in incidents.[137,138,139,140,141,142,143] That said, key informants in Cape Town and Nairobi mentioned that alcohol was attributed to more accidents than drugs, often due to the fact that alcohol was easily noticeable and tested.[144] However, several key informants reported incidents in which public-transport drivers, working extra shifts on festive occasions to earn extra money, impaired by methamphetamine, heroin or alcohol, and suffering from prolonged sleep deprivation, caused serious accidents that resulted in fatalities.[145]

Driving under the influence

> *There have been many road accidents in recent years, especially during major religious events. ...some drivers caused these accidents under the influence of psychoactive substances, either alcohol intoxication or because they were affected by cannabis or other substances. Many drivers use these substances so they can make several trips and earn more money.*
>
> (Health official, Dakar)

> *Several road traffic accidents involving vehicles transporting khat ('miraa') travelling from the producing zones in the north of Kenya and travelling south to Nairobi, have been documented. These vehicles are driven at high speed to retain the freshness of the plants, and it cannot be ascertained whether the accidents were due to high speed or because the drivers were themselves under the influence of khat.*
>
> (International organization official, Nairobi)

Indeed, drugs are commonly found in cases of driving under the influence.[146] A case-control study in the United States showed that the presence of opioids, stimulants or depressants in the driver's system significantly increased the likelihood of fatality while driving under the influence of those substances.[147]

Impaired drivers have also been observed, in certain cases, to consume multiple substances, such as alcohol, drugs, pharmaceutical drugs with psychoactive effects or a combination of those substances.[148,149,150] Polydrug use, for instance the concomitant or sequential use of alcohol and cannabis, or of opioids and alcohol, can have more deleterious consequences than the use of a single substance. In such cases, the drugs act multiplicatively, contributing to impairment and increasing the risk of fatality while driving under the influence.[151,152,153] A literature review of cases of driving under the influence of drugs in the United States and countries in Asia and Europe, revealed both geographic variance and commonality in the drugs found in biological samples of such cases covering data from 2013 to 2018.[154]

Gender differences have been observed in driving under the influence, and men, especially young men, have an increased risk of heavy binge drinking or using drugs and engaging in driving under the influence.[155,156] Gender differences in psychoactive drug use among impaired drivers were also evident in a recent meta-analysis that showed

TABLE 2 Most frequently found drugs in biological samples of people driving under the influence

Region	Most frequently reported drugs in biological samples
Asia	Ketamine, methamphetamine, barbiturates, benzodiazepines, khat, morphine (as a metabolite of opiates) and cannabis
North America	Cannabinoids and stimulants (cocaine or its metabolite benzoylecgonine and amphetamine) benzodiazepines, opiates, zolpidem and fentanyls
Europe	Synthetic cannabinoids, THC, opioids (methadone, buprenorphine, morphine), synthetic cathinones, amphetamine, cocaine, barbiturates, zolpidem, benzodiazepines and ketamine

Sources: Nam Ji Kwon and Eunyoung Han, "A Review of Drug Abuse in Recently Reported Cases of Driving under the Influence of Drugs (DUID) in Asia, USA, and Europe," Forensic Science International 302 (September 2019): 109854; Public Safety Canada, *2023 Annual National Data Report to Inform Trends and Patterns in Drug-Impaired Driving* (Government of Canada, 2024).

a higher prevalence of use of cocaine, cannabinoids and amphetamine-type stimulants among men, while no gender differences were observed in the use of opioids and benzodiazepines or "z-drugs" (zolpidem).[157]

The associated safety and security risks in cases of drug or alcohol-impaired driving extend beyond the impaired driver and vehicle occupants and frequently also lead to injuries and disabilities among pedestrians and bystanders.[158]

Economic-compulsive pathway

The economic-compulsive pathway focuses on behaviours and crime (i.e. property or violent crime) attributed to an individual's dependence on a substance as they may often feel a "compulsion" to secure money or resources in order to finance their drug use.[159,160] Economic-compulsive crimes may include petty crime such as shoplifting, theft and sex work to obtain money for drugs, and are generally less violent and reportedly more common than violent assaults.[161] Elevated rates of petty crime for financing drug use are also associated with socioeconomic disadvantage.

Committing petty crimes during withdrawal

> *During heroin withdrawal…[I] experienced severe suffering to the point I would resort to any behaviour to obtain the drug, so decided to steal scrap metal from people in the community to sell in order to buy heroin.*
>
> (Young person with lived experience, Bangkok)

As reported by many key informants and as shown in the scientific literature, acquisitive crimes are a common occurrence among people who use drugs, particularly in communities with high levels of poverty, limited access to legitimate economic opportunities, inequality or deprivation and high rates of drug use disorders.[162,163] Examples of petty crime cited by key informants ranged from stealing community property (e.g. water meters and scrap metal) and snatching phones to stealing money from family members (e.g. jewellery, petty cash, household items, children's piggy banks, etc.).[164] Key informants in some cities also mentioned engaging in, or being coerced into, transactional sex to obtain drugs.[165]

Acquisitive crimes in the community

> *I've also seen a scene where one person was having a seizure and another was taking money out of his pocket, right? While he was having a seizure.*
>
> (Psychologist, São Paulo)

> *Because the person needs their dose, since they are dependent, and to get that dose, their means are not sufficient, they are forced to seek resources, and sometimes any means will do to obtain the money needed to buy drugs. …they might steal someone's property; they might assault someone to get money for the drug.*
>
> (Researchers specializing in drugs, Dakar)

> *They may break into cars, steal your cell phone by walking past, housebreaking, things like that. So, it's definitely got an impact. …regarding crime, property crime.*
>
> (Law enforcement official, Cape Town)

> *A 19-year-old girl addicted to heroin and with a mental illness. …she has a young child. At 11 p.m., she went to extort money from a monk, threatening him with a knife.*
>
> (Community leader, Bangkok)

> *I even sold a cow from my house once, without telling anyone. How much was that cow worth? I sold it for 7,000 rupees. It was worth 35,000 rupees.*
>
> (Person with lived experience, Delhi)

The economic-compulsive dimension of drug use and offending can be better understood along the trajectory of young people's drug use and their involvement with the criminal justice system. Numerous key informants in several cities described a common trajectory of drug use and acquisitive crime progressing to drug dealing and then to more serious criminal activity.[166] Another perspective, given by a key informant in Dakar, was: *"When you are dependent on drugs, you may lose your job, and some may commit petty crimes, thefts or assaults to get money, and others (men or women) may just turn to sex work to get money for their drugs."*[167] Research has highlighted that the regular use of heroin, "crack" cocaine and cocaine is strongly associated with crime because of the drugs' high cost, especially in the case of people who are dependent on those drugs.[168,169,170]

Not all people who use drugs commit acquisitive crimes

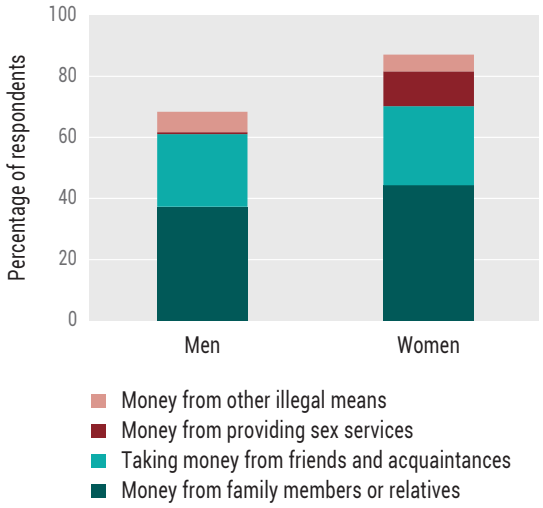
> *I think many patients report having committed theft or something like that, in a context of intoxication or craving, with a need to have resources to buy more drugs. But that's not the rule. Despite these reports, it's not the case of the majority.*
>
> (Psychiatrist, São Paulo)

Young people, often from disadvantaged or deprived backgrounds, may find themselves in a cycle of committing crime to obtain drugs, exhausting their finances and committing further crimes, such as carrying a weapon, robbery and drug dealing.[171] Some research also suggests that young people may begin offending primarily to finance drug use, a motive that can gradually expand to include meeting other needs shaped by social exclusion and relative deprivation.[172,173]

Continuing to use drugs, as a compulsive behaviour among people who engage in high-risk drug use, also leads to reliance on various means to finance such behaviour. Surveys in Kazakhstan and Nigeria have indicated that people who engage in high-risk drug use (primarily those using opioids and methamphetamine) self-report a reliance on financial support from families and relatives, often obtained through coercion and violence, to finance their drug use.[174,175] Financing drug use often included selling drugs, committing petty crime such as theft, pickpocketing or engaging in transactional sex, especially among women, for money or drugs. The same is reflected in the self-reported offences for which many people were arrested during the course of their drug use.

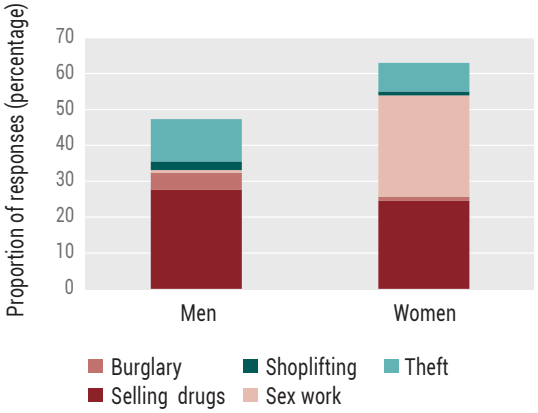
Similarly, a study in Australia among police detainees showed that people who had recently used methamphetamine and heroin were four times more likely to engage

FIG. 5 Sources of illicit finances among people engaging in high-risk drug use, Kazakhstan, 2025



Source: UNODC, *High-Risk Drug Use in Kazakhstan* (UNODC, 2026).

FIG. 6 Offences for which people engaging in high-risk drug use were arrested, Nigeria, 2018



Source: UNODC and Government of Nigeria, *Drug Use in Nigeria 2018* (Vienna, 2019).

in crime in order to obtain funds for drugs than those who had not used those drugs. People who had recently used cannabis were twice as likely as those who had not used it to engage in acquisitive crimes, such as shoplifting, drug dealing and other crimes, in order to generate income to purchase drugs.[176]

SUMMARY OF INTERVIEWS WITH KEY INFORMANTS IN NAIROBI: poverty, unemployment and drug-related acquisitive crime

In Nairobi, the economic-compulsive link between drug use, drug trafficking and crime emerged as a prominent theme. Key informants described a complex relationship between drug use and public safety and security, shaped by environmental and social factors that can either mitigate or worsen the safety and security outcomes. Neighbourhoods affected by drug problems were frequently neglected and received inadequate social services from the city council. The key informants explained that several interacting factors compounded the problem – a lack of employment opportunities, discrepancies in levels of income, urban poverty, corruption, inadequate law enforcement and social stigma (especially towards women who use drugs) – all of which further undermined the safety and security of people who use drugs.

Young people dependent on drugs were reported to engage in theft, and to seek regular income by dealing drugs on school and university premises. Recent young migrants from rural areas, who would have completed secondary education, school dropouts and other vulnerable youth in Nairobi were identified as targets for local drug dealing and trafficking. Several key informants recounted cases in which people who used drugs had also sold family property and other valuables to sustain their habit.

Source: Based on 13 interviews with key informants and three focus group discussions with policymakers, law enforcement officers, drug treatment practitioners in the private sector and in NGOs, people who had received treatment from those services and other people with lived experiences.

SUMMARY OF INTERVIEWS WITH KEY INFORMANTS IN DELHI: socioeconomic dimensions of drug consumption

Poverty and low socioeconomic status were identified as the primary factors linked to drug-related safety and security problems in Delhi. Key informants described a common trajectory of economic-compulsive crimes: people with a drug use disorder, especially those who do not have enough money or can no longer afford to buy drugs, were reported to sometimes commit acquisitive crimes to sustain their use of drugs. The first victims of acquisitive crime appear to be the immediate family, who often bear the greatest burden, followed by people in the community.

Interviews showed that requests for money, cajoling, manipulation and other coercive behaviours may not meet the strict legal definition of "crime", but that they exact a heavy emotional and financial toll on families. One key informant described how his mother would resignedly give him money every morning to prevent him from committing theft, violence or harm to himself or others. Another described how family funds intended for a child's school fees were diverted to buy drugs.

Numerous accounts recounted thefts from homes and the selling of family assets – often at well below market value – to secure drugs. Such behaviour then expanded to stealing from the workplace or snatching phones, jewellery or similar items from strangers in the community.

Secondly, environmental and structural factors, such as socioeconomic status, emerged as a common reason for drug-related public safety and security consequences. Most respondents identified slums and other underprivileged localities where drug use and drug-related violence and injuries were higher than in other neighbourhoods. Stigma associated with drug use appeared to be yet another important factor – as drug use behaviour appears to be highly stigmatized, forcing the person into increasing isolation from society, the neighbourhood and the family, which ultimately leads to a loss of employment opportunities. In the opinion of the key informants, social isolation stemming from stigma was, in part, related to the increased risk of acquisitive crimes (such as theft) committed by people who use drugs.

Source: Based on 15 interviews with key informants, including emergency room physicians, nurses, outreach workers, police officers and people with lived experiences.

SUMMARY OF INTERVIEWS WITH KEY INFORMANTS IN DAKAR: entrenched violence and community insecurity

In Dakar, key informants described drug consumption as a facilitating factor for some violent behaviours rather than a deterministic cause: consumption may lead to violence, depending on individual predispositions, the substance involved and the level of dependence, through a weakening of the social fabric. At the community level, a broader climate of perceived insecurity shaped policing and judicial workloads.

Stigma and social exclusion formed an indirect pathway from drug use to reduced perceived and actual public safety by weakening informal social control and deterring people from seeking services. Several interviews described families who, after repeated relapses from drug treatment or episodes of theft or aggression, felt that they had no choice but to exclude the person who used drugs from the home, leaving that person subject to shame and isolation.

Interviewees emphasized the need for health-centred responses, such as opioid agonist treatment, rather than punitive policing. It was considered that repression created multiple barriers: people who use drugs are afraid to seek help in hospitals or at the police station because they risk being charged for drug possession or use.

A healthcare provider illustrated how evidence-based treatment can transform family and community dynamics. He described a patient whose family had visited during the first week of the methadone programme: the family reported relief because, for the first time in 10 years, the patient had shared what is known as the family bowl. Previously, he had been excluded and had eaten only leftovers; after starting methadone treatment, his appearance, social contacts and daily routines improved. This example shows both how treatment can change an individual's trajectory and how deeply rooted stigma operates: exclusion from the family bowl is both a consequence of drug use and a mechanism of social punishment.

Source: Based on 11 interviews with key informants, including healthcare providers, academic researchers, an NGO representative, a representative of a sex workers' association and law enforcement personnel.

Systemic pathway

In the context of the current discussion, the systemic pathway, relates to the impact on the broader environment resulting from the acquisition and consumption of drugs in a neighbourhood or community. The fact that the drug trade, in most cases, is managed by criminal actors presents additional proximal threats to the safety and security of neighbourhoods, communities and societies. Beyond these immediate outcomes, drug markets that are propped up by a demand for drugs can contribute to corruption and a weakening of support for the rule of law and trust in public institutions. These, in turn, can systematically harm communities and the wider society.

In addition to those outcomes, the use of drugs in some environments can generate unsafe consumption patterns, overdose cases and victimization of the people who use drugs driven by the social ecology of drug-taking scenes and environments. The impact on the family often results in coercion, gender-based and domestic violence, financial deprivation and social isolation. The risks or threats of drug use in the community can include exposure to hazards in public spaces and drug-related violence in the community. Overall, drug consumption and drug market-related disorder is highly heterogeneous and affects the individual and public safety, security and health. The community disruption, alongside systemic violence and marginalization, also impacts local businesses, housing, development and even social and healthcare services.[177,178]

Community disorganization and open drug scenes

The systemic risks and threats associated with the use of drugs in the community are shaped by broader external conditions and the policy decisions and enforcement responses that structure local drug markets. For example, drug-related violence tends to be more pronounced in settings characterized by high levels of interpersonal violence, access to weapons, economic disadvantage, low social capital and weak social-control mechanisms. The degree of violence and safety concerns that communities and neighbourhoods experience are further influenced by the levels and types of drug use and the prevalence of high-risk behaviours occurring within the surrounding social context and neighbourhood disorganization.[179, 180,181]

Explaining how drugs and gangs contribute to systemic effects in the absence of other opportunities for young people

> *Gangs are stepping into the void left by the Government to give kids an identity…gangsterism is purely about identity. It's not about crime. If there's drug use in the area, it makes it worse. If there's gangsterism, it makes it worse. Arrest numbers are not a metric of safety…you can't arrest your way out of a social problem.*
>
> (Senior academic, Cape Town)

In the absence of alternatives to drug treatment and other health services, some key informants noted the likelihood of poorer outcomes that could result in greater community disorganization. One key informant explained that when a person who uses drugs is put in prison, *"they come in direct contact with people who deal in drugs and with people who have committed serious crimes"*, and when they return, *"they are more inclined towards crime, become aggressive and assault people, steal or even sell drugs, and become a worse person than they were before prison"*.[182]

Community-level impacts on neighbourhood safety, particularly in disadvantaged areas and urban drug scenes, are shaped by persistent conditions of danger, risk, criminal victimization and drug-related problems. Such environments often foster more intensive and problematic patterns of drug use and exploitative sexual practices, with elevated risks to individual and public health, including transmission and outbreaks of HIV and hepatitis C, and overdoses.[183,184]

In one study in North America, street-based women using opioids stated that, in addition to the street-level violence and abuse that they faced, criminalization and stigma surrounding their use of drugs and sex work made them reluctant to report overdose cases, potentially increasing the risk of overdose-related harms, including death.[185] Some key informants also described the double stigma of being a women engaged in sex work and using drugs: they faced greater contempt and less protection from police or support from other (health and social) services.[186] Key informants in most cities reported stigma from healthcare providers, law enforcement authorities and community members, which isolated people who use drugs, created barriers to accessing low-threshold and drug treatment services, and undermined their safety and security.[187]

Systemic effect of drug use and drug dealing

> *Trafficking and drug use also lead to security problems – violence, assaults. Lawless streets – areas where you absolutely should not go at certain times of day because of trafficking and drug use. There are groups – communities and families who are victims of all of this – of drug trafficking and use.*
>
> (Heath official, Dakar)

The interplay between alcohol and drug use-related public nuisance is well established and contributes to heightened perceived and actual threats of safety and security in a neighbourhood. Instances of such social disruption may comprise people injecting drugs in public and the subsequent littering of drug paraphernalia, homelessness, loitering, informal street-based income-generation activities, transactional sex, intimidation, violent dispute resolution, crime and transient open drug scenes. Moreover, open drug scenes are likely to negatively influence public and individual health, communities, businesses and the enjoyment of recreational and public spaces.[188,189] As one key informant in Cape Town stated, *"if you're running a business in an area where there's drug use happening, there's potential for your business to be vandalized, to be broken into…you have to have more security"*.[190]

Open drug scenes, also termed street drug scenes or drug hotspots, are locations where drug dealing and drug use occur in public spaces and are deemed problematic by the authorities and the public. Such places are often characterized by lower socioeconomic status, disadvantaged neighbourhoods and elevated crime rates.[191,192]

The availability and use of small weapons is another contextual factor underpinning community safety and security concerns.[193] Studies have shown an overlap between gun violence, open-air drug scenes, social disorganization and the living context in disadvantaged neighbourhoods.[194,195]

Systemic effects of drug use and community disorganization

> *"We can no longer go into certain neighbourhoods at certain times — and sometimes we can no longer go into certain neighbourhoods at any time, even during the day, because of the insecurity generated by these practices. Security is cross-cutting. Security is not only physical security. It can also be social security; it can be health security. Health is part of security, of public health.*
>
> (Researcher, Dakar)

SUMMARY OF INTERVIEWS WITH KEY INFORMANTS IN SÃO PAULO: the *fluxo* in "Cracolândia"

The information in this text box is based on interviews with key informants that were conducted between October and mid-December 2025 and reflects the situation at that time, and as reported by them.

"Cracolândia" has been a notorious zone in central São Paulo, well known for open "crack" cocaine consumption, homelessness and drug-related poverty, since the 1990s. It has been characterized by fluidity and displacement, with public scenes of drug acquisition, drug consumption and disorder, and makeshift shelters, squalid conditions and deprivation. As one key informant said, it has *"increasingly dispersed; and [there are] mobile groups, after the atomization of Cracolândia, across the city"*. (Public prosecutor).

There are no fixed borders, and the *fluxo* (Portuguese for flow) has shifted repeatedly across streets and blocks in downtown São Paulo. The *fluxo* is a mobile social space formed by users, dealers and others who circulate in that area. As explained by a key informant, "*fluxo is a region, we call it 'Cracolândia', where users are concentrated and where there is a flow of drugs, goods and services. There's this very, very strong perception of it being a dangerous place. There is prostitution in the open air, drug use in the open air. It is a very vulnerable population and mainly marked by homelessness and poverty.*" (Psychiatrist).

The *fluxo* resembles a social formation structured by historical inequalities, institutional violence, precarious living conditions and a lack of adequate public policies and resources to address the structural causes that produced those scenarios. Nevertheless, the *fluxo* has operated as a social system, at different times, with its own organizational logic. The area has offered access to recycling, odd jobs, public services, donations, food discarded by restaurants, and the circulation of tourists and workers. Material survival often depends on this proximity. The *fluxo* has functioned as a large popular market, and trade involved everything from cigarettes, cachaça and recycled electronics to clothing and food. "Crack" cocaine has been the main currency of exchange, used to acquire goods and services through barter or small amounts of money. Thus, most transactions tend to be small or insignificant – reflecting the poverty of the population and the systemic nature of the poverty in the absence of strong formal and accountable institutional arrangements.

Interviews indicated that Cracolândia was not primarily a place with a substance use problem, rather it mirrored the deep structural inequalities of the society. Racism, poverty, police violence, homelessness and stigma were reported to shape the territory much more than "crack" cocaine itself. The *fluxo* appeared to function as a means of survival in the absence of alternatives.

The factors of vulnerability in Cracolândia were seen as deeply interconnected: social inequalities and racial exclusion pushed individuals onto the streets, and the lack of housing and dignity, which led to problematic substance use, and stigma, and which were reinforced by police repression and the lack of healthcare and social services, trapped individuals in a cycle of vulnerability and violence. The overall vulnerability in Cracolândia was described by field researchers as "*a system of levers where poverty and racial exclusion are the fulcrum, and drug use is only the visible consequence that the police and stigma push down, keeping the weight of misery on the individual instead of alleviating structural pressure*".

In turn, drug use was seen as both a consequence of and a contributor to the existence and persistence of Cracolândia. It was simultaneously a territory of risk and protection; a space of violence and care; a scene of drug use and a space for sociability; and a target of repression and an object of real estate disputes.

The key informants felt that most policies in the area were misguided because they worked predominantly through repression. As one key informant stated, "*this marginalized population faces police brutality, which treats them as if they were criminals or drug dealers, while many of them are just users, or some are not even users. There is also what I call medical brutality, because several health programmes have a repressive stance, which does not offer many opportunities other than compulsory hospitalization*". (Psychiatrist).

Source: Based on 15 interviews with key informants, including psychiatrists, psychologists, a nurse, a political advisor, a prosecutor, a social worker, a local resident and a person with lived experience.

> *A lot of these gang wars and drug selling, it's all about turf…each person or group protecting their area…that's where the gang violence is coming from. Each and every time an innocent bystander is getting shot or killed, it's sending huge shock waves through the community.*
>
> (Senior law enforcement official, Cape Town)

> *…but if you take an example like Tafelsig, where there's a lot of drug use that happens, a lot of people may use in public spaces. It's obviously linked to drug use and gangsterism. So, the gangs are in public places, in the parks. So, there're obviously big safety issues. People will sometimes avoid walking a certain road just so they're not exposed to this gang or that gang.*
>
> (Social services manager, Cape Town)

> *Unfortunately, there is corruption and so some policemen will turn a blind eye towards a certain drug outlet because he knows at the end of the month he can go around and get his envelope there.*
>
> (Senior law enforcement official, Cape Town)

In many local drug markets, gangs also play a central role in the distribution of drugs in, and control of, those local drug markets.[196] Gang culture is both a cause and a consequence of social disintegration, with young men being drawn into gangs for protection, income and identity.[197] Taken together, gang violence, the circulation of drugs, levels of drug use, drug use disorders and drug dealing exacerbate a culture where violence is normalized. Such normalization in turn fuels the vicious cycle of violent crime, insecurity, deprivation and the marginalization of communities.[198,199]

Furthermore, communities may become dependent on local drug markets that support entire neighbourhood economies, despite the fact that social capital is weakened and community integration and public safety is compromised.[200,201]

Apart from the structural factors, the level and nature of law enforcement response may often shape the degree of drug use and related violence in communities.[202] Some key informants, for example, considered that simply imprisoning people who use drugs and not providing treatment interventions actually exacerbated the situation. Examples of this included cases where police action dispersed hotspots of people using drugs, which actually dispersed the problems in the community,[203] and cases where incidents of repressive action and violence by the police against people using drugs resulted in people who use drugs either getting arrested or beaten up, and in a manner that they end up injured in the hospital.[204]

Adverse effects of police action in the community

> *The police's job would be to deter drug trafficking, right, not the user who is there, vulnerable. And to be there policing, patrolling, watching the movements and if something happens, a robbery, something, they're there policing the area? I think that the police are often unprepared to deal with people who are sometimes intoxicated or experiencing psychotic episodes, so a lot of people end up getting beaten up by the police, right? I think there's a lot of brutal police repression there, so I think that's what affects them the most. That's how I think the police, sometimes, they often don't handle the case correctly.*
>
> (Medical doctor, São Paulo)

> *I personally feel safe. It's not a neighbourhood where I am super alert or afraid of being mugged, but I think it's a very personal perception, like, I don't necessarily think they put us at risk. I get more uncomfortable sometimes when the police are around drug users; I think the police sometimes arrive with a slightly more violent attitude.*
>
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GLOSSARY

amphetamine-type stimulants — a group of substances composed of synthetic stimulants controlled under the Convention on Psychotropic Substances of 1971 and from the group of substances called amphetamines, which includes amphetamine, methamphetamine, methcathinone and the "ecstasy"-group substances (3,4-methylenedioxy-methamphetamine (MDMA) and its analogues).

amphetamines — a group of amphetamine-type stimulants that includes amphetamine and methamphetamine.

annual prevalence — the total number of people of a given age range who have used a given drug at least once in the past year, divided by the number of people of the given age range, and expressed as a percentage.

coca paste (or coca base) — an extract of the leaves of the coca bush. Purification of coca paste yields cocaine (base and hydrochloride).

"crack" cocaine — cocaine base obtained from cocaine hydrochloride through conversion processes to make it suitable for smoking.

cocaine salt — cocaine hydrochloride.

drug use — use of controlled psychoactive substances for non-medical and non-scientific purposes, unless otherwise specified.

fentanyls — fentanyl and its analogues.

new psychoactive substances — substances of abuse, either in a pure form or a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the 1971 Convention, but that may pose a public health threat. In this context, the term "new" does not necessarily refer to new inventions but to substances that have recently become available.

opiates — a subset of opioids comprising the various products derived from the opium poppy plant, including opium, morphine and heroin.

opioids — a generic term that refers both to opiates and their synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesized in the body.

problem drug users — people who engage in the high-risk consumption of drugs. For example, people who inject drugs, people who use drugs on a daily basis and/or people diagnosed with drug use disorders (harmful use or drug dependence), based on clinical criteria as contained in the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) of the American Psychiatric Association, or the *International Classification of Diseases and Related Health Problems* (tenth revision) of WHO.

people who suffer from drug use disorders/people with drug use disorders — a subset of people who use drugs. Harmful use of substances and dependence are features of drug use disorders. People with drug use disorders need treatment, health and social care and rehabilitation.

harmful use of substances — defined in the *International Statistical Classification of Diseases and Related Health Problems* (tenth revision) as a pattern of use that causes damage to physical or mental health.

dependence — defined in the *International Statistical Classification of Diseases and Related Health Problems* (tenth revision) as a cluster of physiological, behavioural and cognitive phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

substance or drug use disorders — referred to in the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) as patterns of symptoms resulting from the repeated use of a substance despite experiencing problems or impairment in daily life as a result of using substances. Depending on the number of symptoms identified, substance use disorder may be mild, moderate or severe.

prevention of drug use and treatment of drug use disorders — the aim of "prevention of drug use" is to prevent or delay the initiation of drug use, as well as the transition to drug use disorders. Once a person develops a drug use disorder, treatment, care and rehabilitation are needed.

REGIONAL GROUPINGS

The World Drug Report uses a number of regional and subregional designations. These are not official designations, and are defined as follows:

AFRICA

- East Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, South Sudan, Uganda, United Republic of Tanzania and Mayotte
- North Africa: Algeria, Egypt, Libya, Morocco, Sudan and Tunisia
- Southern Africa: Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe and Reunion
- West and Central Africa: Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo and Saint Helena

AMERICAS

- Caribbean: Antigua and Barbuda, Bahamas (The), Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Anguilla, Aruba, Bonaire, Netherlands (Kingdom of the), British Virgin Islands, Cayman Islands, Curaçao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Saba, Netherlands (Kingdom of the), Sint Eustatius, Netherlands (Kingdom of the), Sint Maarten, Turks and Caicos Islands and United States Virgin Islands
- Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- North America: Canada, Mexico, United States of America, Bermuda, Greenland and Saint-Pierre and Miquelon
- South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela (Bolivarian Republic of) and Falkland Islands (Malvinas)

ASIA

- Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste, Viet Nam, Hong Kong, China, Macao, China, and Taiwan Province of China
- Near and Middle East: Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen and State of Palestine
- South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka
- South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan

EUROPE

- Eastern Europe: Belarus, Republic of Moldova, Russian Federation and Ukraine
- South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, North Macedonia, Romania, Serbia, Türkiye and Kosovo[1]
- Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands (Kingdom of the), Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, Faroe Islands, Gibraltar and Holy See

OCEANIA

- Australia and New Zealand: Australia and New Zealand
- Polynesia: Cook Islands, Niue, Samoa, Tonga, Tuvalu, French Polynesia, Tokelau and Wallis and Futuna Islands
- Melanesia: Fiji, Papua New Guinea, Solomon Islands, Vanuatu and New Caledonia
- Micronesia: Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau, Guam and Northern Mariana Islands

1 References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

United Nations
Office on Drugs and Crime

Vienna International Centre, PO Box 500, 1400 Vienna, Austria
Tel: +(43) (1) 26060-0, Fax: +(43) (1) 26060-5866, www.unodc.org

UNODC Research

A global reference on drug markets, trends and policy developments, the *World Drug Report* offers a wealth of data and analysis and, in 2026, comprises several elements tailored to different audiences. The web-based **Drug market patterns and trends** contains the latest analysis of global, regional and subregional estimates of and trends in drug demand and supply in a user-friendly, interactive format supported by graphs, infographics and maps. **Highlights** provides a series of short topical analyses of key developments and issues that characterize the current world drug problem, while **Special points of interest** offers a framework for the main takeaways that can be drawn from those developments.

As well as providing a comprehensive overview of global drug trends and key issues, the *World Drug Report 2026* features, in its thematic chapter, a focused analysis of the **Impact of drug use on safety and security.** In this chapter, the impact on individual and public safety and security from drug use is examined in three intersecting, overlapping and multidimensional mechanisms or pathways: psychopharmacological, economic-compulsive and systemic.

The *World Drug Report 2026* is aimed not only at fostering greater international cooperation to counter the impact of the world drug problem on health, governance and security, but also at assisting Member States in anticipating and addressing threats posed by drug markets and mitigating their consequences.

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